PTO/S8406 (08-03)

Approved for use through 7/31/2006, OMB 0651-0032
U.S. Patent and Trademark Office; U.S. OEPARTIZENT OF COMMERCE

Under the Paperison, Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays givated OMB control number Application of the Dogs of Number 7 PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 OTHER THAN CLAIMS AS FILED - PART I OR SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) RATE FEE NUMBER EXTRA FEE NUMBER FRED RATE BASIC FEE OR (37 CFR 1,16(a)) TOTAL CLAIMS OR X S (37 CFR 1.18(c)) minus 20 = INDEPENDENT CLAIMS OR x s (37 CFR 1.16(b)) minus 3 = OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR TOTAL If the difference in column 1 is tess than zero, enter "0" in column 2. TOTAL CLAIMS AS AMENDED - PART IN (Cahenn 2) (Cahenn 3) OTHER THAN OR SMALL ENTITY SMALL ENTITY HIGHEST CLAIMS RATE ADDI-NUMBER PRESENT RATE ADDI-REMAINING TIONAL TIONAL **EXTRA** PREVIOUSLY ENDMENT AFTER FEE FEE AMENDMENT PAID FOR Total ัดล Independent (37 CFR 1,16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(0)) OR TOTAL ADO'L FEE OR ADDLFEE (Column 2) (Cotumn 3) (Column 1) CLAIMS HIGHEST ADDI-RATE PRESENT RATE ADDI-NUMBER REMAINING THONAL TIONAL PREVIOUSLY **EXTRA** AMENDMENT 05 FEE FEE PAID FOR AMENDMENT Total (37 CFR 1,16(c9) Minus ÓR me Independent (37 CFR 1,16(b)) Minus OR. FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (3T CFR 1.16(4)) OR TOTAL TOTAL ADD'L FEE ADD'L FEE OR (Column 2) (Column 3) (Column 1) HIGHEST CLAIMS RATE ADO1-O PRESENT RATE ADDI-REMAINING NUMBER TIONAL TIONAL PREVIOUSLY ENDMENT AFTER PAID FOR FEE AMENDMENT Total (2) CFR 1.16(c) OR Independent (3) CFR 1,16(0) X S X-S OR AM FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,15(d)) OR TOTAL ADD'L FEE ADD'L FEE OR * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the

PRES CONECUON OF INFORMATION OF PROGRESS AND ACCOMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 7. The second secon